

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037843

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9659

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis,

Length of stay in 1b
10 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, COUNTY

c. CITY OR TOWN St. Louis,

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Barnes Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4019 North 11th. Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Eva

Middle

Last
Miller

4. DATE OF DEATH

Month September 26, Year 1963

5. SEX
Female

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-28-1896

9. AGE (last birthday)
66

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Took care of Veg. & Pantry

10b. KIND OF BUSINESS OR INDUSTRY
Lennox Hotel

11. BIRTHPLACE (City and state or country)
Austria

12. CITIZEN OF WHAT COUNTRY
Yes U.S.A.

13a. FATHER'S NAME

Lukach

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Michael Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

NO.

17. INFORMANT

Address

Mr. Michael Miller 4019 No. 11th. Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1. Cerebral concussion, 2. subdural

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

hemorrhage, suffered in fall down

DUE TO (c)

stairs at Lennox Hotel, while attending
work on 9-26-63. Accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

900.6-45

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF
INJURY

Hour
a.m.

Month, Day, Year
p.m. 9-26-63

20d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Hotel 25

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis Missouri

21. I attended the deceased from
Death occurred at 5:45 P.M.

and last saw her alive on
m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

9-30-1963

Calvary Cemetery

St. Louis,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Math Hermann & Son, Inc. 2161 E. Fair Ave.
St. Louis, Missouri 63107

SEP 27 1963

Rosal Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. J. Bursley

Licensed Embalmer No.

4202

P. O. Address

11 Jones Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.